

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
<div style="display: flex; justify-content: space-around; font-size: 2em; font-family: cursive;"> <span>A</span> <span>B</span> </div>							CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		<del>1</del>	<del>1</del>	51						
2		1		1		1	52						
3				1		1	53						
4		1		1		1	54						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓	3	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	3	←	3	←	0	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	4		4		3		TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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